

**LUBA WORKERS' COMP  
 HOME HEALTH /SITTER SERVICE/HOSPICE  
 SUPPLEMENTAL APPLICATION**

Name of Home Health Company: \_\_\_\_\_ Quote #: \_\_\_\_\_

1. Please provide the breakdown by percentage of the following types of services that are/may be provided:

Hospice	_____	PT	_____
Homemaker/Sitters	_____	Other	_____
Home Health	_____		

2. Please advise of any specific accreditation(s) held by the company and/or professional employees:

3. What is the radius of operations (for each if there is more than one location)?

4. Please provide the breakdown of personnel according to the following jobs performed:

	Number Employed-W2	Number Contracted- 1099	Hospital Percent	Nursing Home	Client's Home
Aides	_____	_____	_____	_____	_____
LPNs	_____	_____	_____	_____	_____
RNs	_____	_____	_____	_____	_____
Nurses	_____	_____	_____	_____	_____
Practitioners	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____

5. # of employees shown above who are a relative for the client they work with: \_\_\_\_\_  
 Provide # of employees that reside with the relative client they work with: \_\_\_\_\_

6. What type of transportation is used for employees: Company Vehicle \_\_\_\_\_ Personal Auto \_\_\_\_\_

7. Are MVR's reviewed on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. What is the maximum allowable ratio between ambulatory and non-ambulatory patients? \_\_\_\_\_

9. Do the employees:  
 Report into the office regularly? \_\_\_\_\_ Yes \_\_\_\_\_ No Give Injections? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Cook and/or perform housekeeping? \_\_\_\_\_ Yes \_\_\_\_\_ No Get tested for communicable diseases? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Receive periodic health examinations? \_\_\_\_\_ Yes \_\_\_\_\_ No Keep travel logs? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Describe the company's hiring practices: \_\_\_\_\_

11. Provide # of employees contracted or directly hired by the home health company in #4 above.  
 Please provide a copy of the last W-3 tax form filed to verify W-2 payroll.

12. Do any employees work for other home health agencies? \_\_\_\_\_

13. What training is required of new employees? \_\_\_\_\_

14. Is there a safety program? If so, give details. \_\_\_\_\_

15. What safety procedures are used when disposing of needles and medical waste? \_\_\_\_\_

16. Please provide the details regarding moving, lifting or transporting patients. \_\_\_\_\_

17. How long are employee shifts? \_\_\_\_\_